Chapter 3
COMMUNITY GATEKEEPER TRAINING

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Overview and Rationale

The goal of these programs is to train community members to identify young people at risk of suicidal behaviors and to refer them to appropriate sources of help. This triage or "gatekeeping" function can be undertaken by anyone who has significant contact with youth in the course of professional or volunteer activities. Examples of gatekeepers include coaches, clergy, police officers, health care professionals, hairdressers and barbers, and bartenders. (Gatekeepers also include school personnel; however, because of their frequency and special administrative requirements, gatekeeper training programs designed specifically for school personnel were described in Chapter 2.) Gatekeeper programs have two kinds of activities: media campaigns and training programs at various levels of intensity/expertise directed at specific types of gatekeepers, such as the police or clergy.

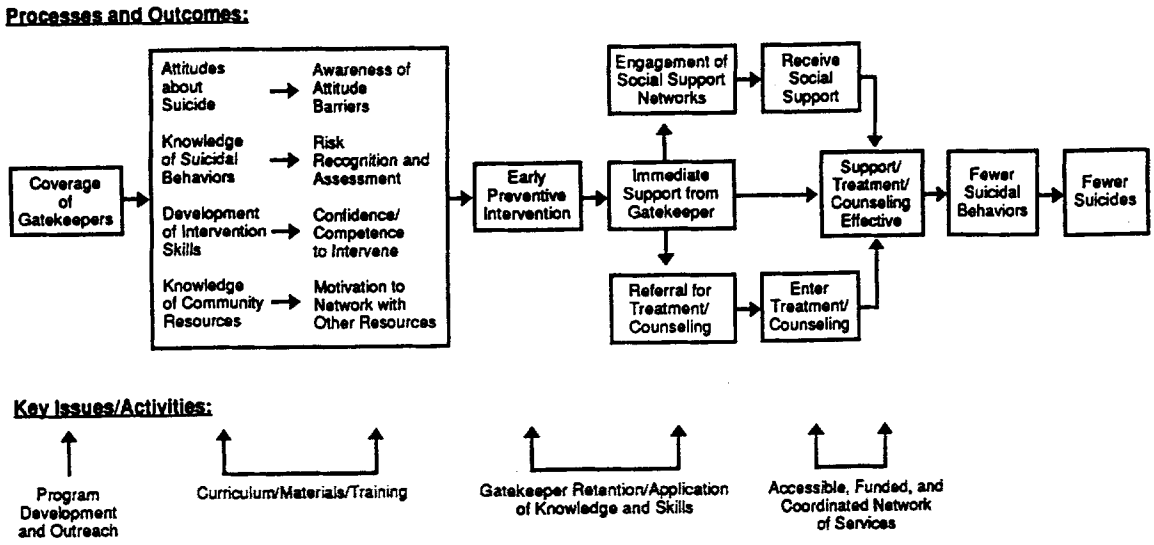
The rationale for community gatekeeper programs is illustrated in Figure 3. The fundamental idea behind these programs is that people at risk of suicide often come into contact with police, clergy, doctors, friends, or others who do not recognize the risk of suicide and therefore do not act to access, obtain, or arrange appropriate help for them. These programs are designed to increase a potential gatekeeper's sense of confidence and competency in helping a person at risk of suicide. There are several core objectives of community gatekeeper programs: to increase gatekeepers' knowledge of suicide warning signs; to increase knowledge of referral sources in the community; and to foster a greater willingness to refer high-risk youths to mental health or other appropriate services. Some gatekeeper programs also stress the need to build confidence and a broader competency for directly helping suicidal youths among community gatekeepers. Some community gatekeeper programs also help community people recognize and take action to reduce sources of stress for youth in the community. Examples of this might include efforts to improve employment opportunities for young people or to improve access to recreational facilities for high-risk youth. For instance, one prevention program in New York provided a drop-in setting for youth in shopping malls.

One of the challenges to community gatekeeper training programs is to provide psychologists, nurses, primary care physicians, psychiatrists, and other traditional caregivers with needed suicide prevention training. Many studies demonstrate that approximately 50 percent of suicide victims had seen a physician during the month before their death (Johnson, Ferrence, and Whitehead, 1973). The assumption that these helpers are adequately prepared to manage the issue of suicide or even to perform the basic gatekeeper role has been questioned. Bongar and Harmatz (1991) surveyed psychology training facilities and report that only 40 percent of all graduate programs in clinical psychology offer formal training in the study of suicide. Medical students receive relatively little training about the warning signs of suicide and the role of physicians in helping to prevent a suicide.

Research Findings

Three kinds of evaluation should be considered: (1) assessment of the degree to which these programs have sensitized "gatekeepers" to their role in identifying and appropriately helping those youths who might be at risk of suicidal behaviors; (2) assessment of the degree to which these programs result in appropriate identification and disposition of suicidal persons; and (3)

FIGURE 3.
Rationale for Community Gatekeeper Training Programs to Prevent Youth Suicide



assessment of the impact of these programs on youth suicides or suicide attempts. Very little has been done in any of these areas. In one study, the investigator assessed how community gatekeepers responded to simulated cases 6 months after completion of a 2-day workshop in suicide intervention skills; the results showed that most workshop participants retained the skills they were taught in the program (Tierney, 1988).

Results of a follow-up survey in California (McConahay, G. Suicide Intervention Training Effectiveness, Garlington Center N/NE Community Mental Health Center, Portland (OR), unpublished manuscript, 1990) showed that, 6 months after a 2-day intervention skills workshop, most participants reported that they felt more capable of dealing with a person they thought was suicidal. The participants reported that they drew on a greater number of mental health resources when dealing with individuals who were potentially suicidal. However, the number of people with whom they intervened did not increase.

Illustrative Programs

This report lists seven programs as examples of community gatekeeper programs, two of which are in a single agency. Most of these programs provide both training and informational materials for parents, teachers, counselors, health-care professionals, clergy, policemen and the general public. One is exclusively a media program. These programs are described below.

Adolescent Suicide Awareness Program (ASAP) "Don't Say Goodbye" Media Campaign Lyndhurst, New Jersey

This is an extensive program with training initiatives directed at a variety of professionals, such as teachers, emergency room staff, clergy, and policemen. Methods and training materials for this program are increasingly sought by other communities that are developing similar

initiatives. Part of this program, a multimedia public education campaign titled "Don't Say Goodbye," encourages teens and adults to recognize high-risk people and to refer them to a county psychiatric crisis phone line. An evaluation of the impact of the campaign on the use of the crisis phone line was to be completed by the Rutgers School of Applied Psychology in the fall of 1991.

Youth Suicide Prevention Program
Manassas, Virginia

This is a comprehensive community-based program operated by a community coalition that seeks to disseminate information on youth suicide and to train school personnel to identify high-risk teens. Print and broadcast media and special events are used to provide information. This program has not been evaluated, but findings from an ongoing study monitoring suicide attempts and gestures in Prince William County will provide input to further program development.

LivingWorks Education, Inc.
Calgary, Alberta

The core component of this comprehensive, community-focused program is a 2-day Intervention Workshop offered to a wide variety of gatekeepers. It provides training in "Suicide First Aid" skills. More than 50,000 people in the United States and Canada have participated. An evaluation indicates that people retain the skills they were taught for up to 6 months after they complete the workshop. Further evaluations confirm the effectiveness of the strategy used to ensure widespread community use of the training materials. Introductory sensitization and awareness programs, as well as advanced and specialized treatment seminars, are other program components integrated with and reinforcing the Intervention Workshop objectives. These objectives focus on the helping competencies of gatekeepers and aim to strengthen community resource networks.

Suicide Intervention Skills Workshop
California Department of Mental Health
Sacramento, California

Identical to the Calgary, Alberta, "LivingWorks Education, Inc.," program described above, this Suicide Intervention Skills Workshop offers an intensive 2-day workshop in suicide intervention skills. More than 10,000 people throughout the state have been trained in the program. A helper's handbook reinforces workshop learning. The Trainer Corps has developed as a strong community advocacy group for local and statewide suicide prevention activities.

Center for Indian Youth Program Development
Albuquerque, New Mexico

This community-based program targeted to Native Americans is directed toward the prevention of a variety of violent behaviors, one of which is youth suicide. The center provides support and technical assistance to community coalitions seeking to establish youth suicide prevention programs.

Jail Suicide Prevention Program
National Center on Institutions and Alternatives (NCIA)
Mansfield, Massachusetts

NCIA develops training materials to support jail staff in screening and providing appropriate monitoring for incoming detainees. The jail population overlaps but is not the same as the youth target group under consideration here. This program, however, is included because it has implications for increasing the sensitivity of support staff to high-risk young people in stressful environments.

Evaluation Needs

Assessing the impact of these programs on the rate of youth suicide in the community is extremely difficult. Intermediate outcomes that are easier to assess include changes in peoples' knowledge of suicide warning signs, their attitudes toward seeking or providing help, and their referral of high-risk youth to counseling or treatment. Another way to evaluate any type of suicide prevention program is by assessing changes in suicide attempts and gestures, either over time in one community or by comparing these events in experimental and control communities. These endpoints will reflect both the effectiveness of this strategy and the degree of program penetration (i.e., the extent to which the information generated by the program has reached members of the community who are likely to be in a position to encounter and help teens at high risk of suicide). Some questions that might be addressed in an evaluation are—

- Are gatekeepers accurately identified? Have significant groups been overlooked?
- How appropriate is the message? Does it reflect current knowledge of who is at high risk, how they can be identified, and what interventions are likely to work?
- Have those who operate support services to which young people are referred observed a change in the number or appropriateness of such referrals since the training program began?
- Are referrals made by trained gatekeepers appropriate? Specifically, are the people referred truly at high risk of suicidal behavior? Are the referrals made to appropriate helping resources, given the particular characteristics and situations of the suicidal youths?
- How long-lasting is the effect of the program? Do the gatekeepers remain aware of appropriate identification and referral procedures over time? Is reinforcement of the message needed, and is it provided?

Many of these questions could be answered by evaluation studies without much disruption of program operation. The youth suicide prevention workers we talked with over the course of this investigation were strongly convinced of the importance of what they are trying to accomplish and were very interested in evaluation. The development of mechanisms capable of evaluating the effectiveness of these programs in training gatekeepers would help the programs improve their efforts.

Summary

Community gatekeeper training programs are designed to teach people likely to come in contact with young people how to recognize, handle, and refer for assistance youths who exhibit warning signs of suicide. Prospective gatekeepers include coaches, police, clergy, and health-care staff. A number of training programs exist and have been successfully adapted to specialized settings. In implementing these programs, officials should ensure that referrals are appropriate, since inappropriate referrals could make it more difficult for the mental health system to respond to those truly in need.

References About Community Gatekeeper Training Programs

Bongar, B., and Harmatz, M. Clinical psychology graduate education in the study of suicide: availability, resources, and importance. *Suicide and Life Threatening Behavior* 1991;21:231-244.

Hayes, L., and Rowan, J. *National Study of Jail Suicide: Seven Years Later.* Alexandria (VA): National Center on Institutions and Alternatives, 1988.

Johnson, F.G., Ferrence, R., and Whitehead, P.C. Self-injury: identification and intervention. *Canadian Psychiatry Association Journal* 1973;18:101-105.

Tierney, R.J. *Comprehensive evaluation for suicide intervention training* [dissertation]. Calgary, Alberta: University of Calgary, 1988.

Suggested Additional Reading

Ramsay, R.F., Cooke, M.A., Lange, W.A. Alberta suicide prevention training programs: a retrospective comparison with Rothman's developmental resource model. *Suicide and Life Threatening Behavior* 1990;24:335-351.

State of California Department of Mental Health. *The California Helper's Handbook for Suicide Intervention.* Sacramento, CA, 1987.

Community Gatekeeper Training: Program Descriptions

Adolescent Suicide Awareness Program (ASAP) "Don't Say Goodbye" Media Campaign

Location: Lyndhurst, New Jersey
Contact: Diane Ryerson, MSW, (201) 935-3322

Adolescent Suicide Awareness Program (ASAP)

Targets: Police, clergy, emergency room personnel, staff of pediatricians' and family practice physicians' offices.
Years in operation: 9
Source of funding: United Way, state and local government.
Amount of funding (per year): Varies.

Program description: ASAP sponsors a basic training curriculum for police recruits, a 1.5-hour awareness program for all municipal and county police, and an intensive program for juvenile officers. A multitiered training program will be established for clergy, involving seminarians, parochial school teachers, funeral directors, and youth ministers. To supplement instructional units, a "Clergy Specific" information package will be developed and widely distributed.

Exposure:

- Police recruits: 2.5-hour awareness program
- Police: 1.5 hour awareness program
- Police: 7-hour skill-building program for juvenile officers
- Emergency room and medical office staff: informational packet to help first responders identify and manage suicidal children and adolescents

Coverage:

- Police: Training is being implemented as part of the Prosecutor's Mandatory In-Service Training Program. By 1989, 2,300 police officers in Bergen County had received instruction; 180 rookies and 75 juvenile officers per year are also recipients of training.
- Clergy: In April 1990, 800 information packages were distributed to county clergy and funeral directors.

Content/topics:

- Police: Police were trained in identifying, managing, and obtaining professional help for suicidal teenagers. Specific operating procedures were provided.
- Clergy: Crisis intervention skills and increased information, especially in regard to identifying warning signs, will equip clergy with a focused, more effective approach to counseling troubled teens and their families.

Evaluation: Participant evaluation forms.

Data available: None.

Special population outreach: Out-of-school youth.

"Don't Say Goodbye" Media Campaign
Bergen County Taskforce on Youth Suicide Prevention

Targets: Middle school and high school students, parents, educators, general public, dropouts.
Years in operation: 1
Source of funding: United Way, corporate and foundation grants, state and county government.
Amount of funding (per year): $20,000 for original production of print ads and $2,000 for external evaluation of the program's impact; $60,000 is being sought to fund production of TV and radio spots. All development work was done pro bono by a local ad agency.

Program description: Multimedia public mental health education campaign encourages teens and adults to recognize youths at risk and get them professional help by calling a county psychiatric crisis phone number.

Phase 1: Set of six posters, wallet cards, brochures, print ads, and bill boards.
Phase 2: Six TV and four radio spots.

Exposure: General public through print and electronic media.

Coverage: Pilot program directed to 850,000 Bergen County residents.

Content/topics: Viewers are encouraged to recognize warning signs and take action to save a life by calling the county psychiatric emergency service for advice, evaluation, and/or outreach and screening.

Evaluation: The Rutgers School of Applied Psychology is evaluating the impact of the campaign on the use of the countywide psychiatric emergency service program, whose phone number appears on all campaign material. Data was to be available in the fall of 1991.

Related components:

- General suicide education
- Parent programs
- Postvention
- School gatekeeper training
- Screening

Address: Adolescent Suicide Awareness Program (ASAP)
Diane Ryerson, MSW
Director, Counseling and Education Services
South Bergen Mental Health Center
516 Valley Brook Avenue
Lyndhurst, NJ 07071

Youth Suicide Prevention Program

Location: Manassas, Virginia
Contact: Evelyn Hatfield, (703) 792-7730

Targets: Students, parents, professionals, and the general public of Prince William County.
Years in operation: 4
Source of funding: State and local sources.
Amount of funding (per year): $50,000 for staff support.

Program description: This is a comprehensive community program aimed at promoting positive mental health attitudes. Program staff members train school personnel how to identify and help suicidal youths and help them to develop crisis teams. They will also conduct suicide prevention classes and provide postvention support when asked. Program staffers already work with junior and senior high schools and are starting to move into elementary schools.

There is also a community group on suicide prevention called the "Prince William Youth Suicide Prevention Coalition," whose activities include an annual "Love Life Day" and the providing of grants to schools to establish prevention activities. Another component is a student group ("Friends Are Needed" (FAN) Club) concerned with suicide prevention. School representatives attend training sessions to learn how to initiate suicide prevention programs in their schools. In addition, the coalition produces parent and teen directories of warning signs, actions to take, and sources of help, and is involved in legislative efforts to limit methods of committing suicide.

Coverage: Countywide.

Evaluation: None.

Data available: The Community Service Board is collecting data on the number of suicide attempts, gestures, and ideations among Prince William County youth from a variety of sources, including schools, local hospitals, detention centers and hotlines. The information gathered will be used for program development.

Related components:
- General suicide education
- Intervention after a suicide
- Means restriction
- School gatekeeper training

Address: Youth Suicide Prevention Program
Evelyn Hatfield
Youth Suicide Prevention Specialist
Prince William County Community
Services Board—Prevention Branch (PWCCSB-PB)
8033 Ashton Avenue
Manassas, VA 22110

Special population outreach: High-risk youth and minorities. A Minority Issues Task Force works to identify appropriate ways to reach minority youth.

Reports:

- Pamphlets describing the program
- Youth Suicide Prevention Coalition Newsletter
- Suicide Prevention Training Evaluation Training Form

Advice to others interested in starting this type of program: Offering comprehensive services is very important because techniques helpful to some youths may not be appropriate for others. Programs will be more effective if a variety of approaches is used.

LivingWorks Education, Inc.

Location: Calgary, Alberta
Contact: Bryan Tanney, M.D., (403) 242-3397; FAX (403) 268-9201

Targets: Community gatekeepers, employee assistance staff, mental health caregivers, police, corrections agency personnel, school personnel (at all levels of expertise).
Years in operation: 10
Source of funding: University of Calgary, grants, community support, strategic partnerships with other helping agencies, royalties from workshop presentations.
Amount of funding (per year): Varies.

Program description: The core of this program is the Intervention Workshop, originally modeled after the American Heart Association's 'Heart Saver' Program. Based on an adult education model of continuing professional education, the program is designed for all caregiver groups, including, but not limited to, often under-served community "gatekeepers." Its content is fully described in the Suicide Intervention Skills Workshop of the California Department of Mental Health also included in this chapter. A "Training for Trainers" course certifies trainers to present the workshop and other components of the program. Other activities are integrated with the workshop presentation and include sensitization and awareness education, bereavement intervention training, advanced treatment seminars, and refresher training.

Exposure: The core program is a 2-day workshop on emergency first aid in suicide intervention. The first day covers issues related to attitudes and knowledge about suicide. The second day focuses on modeling and practicing intervention skills.

The trainer's program is a 5-day course on instructing the Intervention Workshop. Certified trainers are provided with trainer handbooks, manuals, workshop handouts, audiovisual aids, and ongoing consultation support.

Sensitization materials for community-wide distribution include pamphlets and an audiovisual.

The Awareness Program, intended for a general public audience, can vary from an hour to a day. Different modules cover definition of suicide, magnitude of the problem, warning signs, first aid hints, and policy and program issues. Interested presenters are provided a manual complete with suggested scripts and slides. There is also instructional design information for building additional topic modules.

The bereavement training and the advanced treatment seminars and workshops are 1-day sessions. Refresher training incorporates workshop activities, a helper's handbook, and various self-directed learning activities using audiovisuals.

Coverage: More than 50,000 participants in the United States, Canada, and parts of Europe and Australia have taken the Intervention Workshop. A network of over 600 certified trainers is available. Several teams of senior trainers are available to present "Training for Trainers" courses.

Content/topics: The integrated components of this program meet a wide spectrum of community needs concerning suicidal behaviors: information on general suicide awareness, emergency intervention methods, care and support for the bereaved, and ongoing treatment for suicide risk patients. Each component also addresses the importance of developing community-based, comprehensive, coordinated, and integrated approaches to suicide prevention.

Evaluation: Evaluation studies have found high levels of participant satisfaction, statistically significant improvements in suicide intervention skills, knowledge and skill retention over time, and improved community service profiles for sponsoring agencies.

Data available: Program brochures, published material, program evaluation references, and access to trainer contacts are available upon request.

Special population outreach: None.

Related components:

- School gatekeeper training
- Intervention after a suicide

Address: Bryan Tanney, M.D.
LivingWorks Education, Inc.
Suite 704
300 Meredith Road, NE
Calgary, Alberta T2E 7A8
Canada

Reports: Written and audiovisual materials are available as self-learning tools to reinforce the skills presented in the Intervention Workshop.

Advice to others interested in starting this type of program: This program is a long-term commitment with as many as 10 separate components. Delivering some or all of these programs to *all* potential caregivers in the community takes time and planning, perhaps over several years. If you can present one Intervention Workshop as a demonstration, you always receive invitations to do more. Each program can be flexibly adapted to "feel" as if it fits the needs of the community. If you can get administrators or policymakers involved, they often "champion" the program within their own and other agencies with a sense of commitment and ownership.

Suicide Intervention Skills Workshop
California Department of Mental Health

Location: Sacramento, California
Contact: David Neilsen, MSW, Program Coordinator, (916) 323-9296

Targets: Community gatekeepers, mental health personnel, school personnel, social services personnel, and law enforcement officers.
Years in operation: 5
Source of funding: California, community support.
Amount of funding (per year): $150,000.

Program description: The "Suicide Intervention Skills Workshop" is identical to the "Intervention Workshop" of LivingWorks Education, Inc., Calgary, Alberta, also described in this chapter. The curriculum features a series of large and small group activities, minilectures, audiovisuals, and role playing exercises designed to help people increase both their abilities and level of confidence when working with suicidal individuals.

Exposure: The workshop includes 14 hours of learning experiences. The first day focuses upon the examination of caregivers' attitudes and specific assessment skills. The second day concentrates upon intervention strategies and skill building through the use of large group simulations and small group role plays that involve all participants.

Coverage: The program is targeted at mental health professionals, probation and law enforcement staff, social services personnel, and educators—all of the front-line gatekeepers in the community that a child or an adult would encounter. The original program focus was upon youth; community demand and the demographics of suicidal persons has required the Department to broaden the focus. Service providers to the elderly, persistently mentally ill, and institutional settings have been included.

More than 330 presenters have completed the 5-day "Training for Trainers" program, which certifies persons to present the workshop within their communities. Fifty-five of California's 58 counties have active training teams, the majority of which feature multidisciplinary teams. Over 15,000 persons have attended the 14 hours of training in the past 5 years.

Content/topics: The workshop presents a forum where participants are encouraged to examine suicide intervention from a number of perspectives involving their attitudes, knowledge, and skills. The workshop presents a specific intervention model with detailed descriptions of key tasks and techniques. The training emphasizes how caregivers are to engage persons at risk while doing accurate assessments for risk. A key feature of the intervention model is the exploration of ambivalence and how this exploration assists in the discussion of resources and the formation of an appropriate action plan to prevent suicide.

An important objective of the workshop is to increase the participants' awareness of community resources and networks, and their value. Participants learn about the range of resources available to at-risk persons in their communities, from the self-help groups to the most intensive levels of hospital care.

Evaluation: Limited. Results of a follow-up evaluation in Canada, using simulated cases, showed that workshop participants retained specific intervention skills 6 months after completing the workshop. Results of a smaller study in Yolo County, California, did not show an increase in the number of suicidal persons that trainees dealt with. This lack of increase may be due to more accurate identification of persons who were at risk for suicide. Another follow-up study conducted by San Francisco County Mental Health showed a tremendous interest in additional or refresher workshops with more role plays and specific content for specific high-risk groups.

Data available: Trainer materials include a handbook and manual. Participant materials include surveys, questionnaires, worksheets, posters, two audiovisuals, and numerous transparencies as learning aids.

Special population outreach: None: open to all groups.

Related components:

- School gatekeeper training
- Intervention after a suicide

Address: California Department of Mental Health
Suicide Prevention Project
Division of Community Programs, Room 250
1600 Ninth Street
Sacramento, CA 95814

Reports:

- The California Helper's Handbook for Suicide Intervention
- Suicide Prevention Project Summary (6 pages)
- "The Suicide Prevention Project—Five-Year Report" (unpublished draft)

Advice to others interested in starting this type of program: Staffers of the Suicide Intervention Skills Workshop submitted the following comment in addition to the above that may be relevant to others developing similar programs: "The workshop has connected the entire state and brought about the beginnings of a standardized approach to training that includes an expectation that competency and skills will be imparted to participants. This network, made up of crisis centers, county offices of education, mental health and social services, now serves to advocate for continued funding and programming for this at-risk group of persons. Secondly, and more importantly, it functions to bring together at a local level the necessary partners for improved community responses and services for suicidal persons. The team-building outcome, while not evaluated in the previous studies, continues to be a primary comment of those who have participated in the workshop."

Center for Indian Youth Program Development

Location: Albuquerque, New Mexico
Contact: Sally Davis, Director, (505) 277-4462

Targets: Native American youth.
Years in operation: 8
Source of funding: Indian Health Service (IHS).
Amount of funding (per year): Varies.

Program description: The health status of Native American teenagers in the United States is below that of the general population. The usual barriers to the use of health care services by young people (including young Native Americans) are compounded in rural areas by distance, isolation, and lack of appropriate services.

In response, the University of New Mexico (UNM) and the Indian Health Service formed a partnership to develop a teen health project in response to input from communities. Program staffers include nurse practitioners, health educators, substance abuse educators, psychologists, youth counselors, and other support personnel. In designing the program, they aimed for accessibility, free comprehensive services, teenage participation in planning and carrying out the program, and community support and participation. The program is not medically oriented; instead, it focuses on promoting physical and mental health. Teacher training uses a substance abuse curriculum that includes a section on suicide. Related activities include Students Against Drunk Driving (SADD), Teen Health Awareness Days, Adventure Clubs, improvisational Teen Life Theater, intergenerational events, and a visit to a hospital emergency room that is part of an effort to train students as peer leaders in alcohol and substance abuse prevention (ASAP).

Exposure: Not reported.

Coverage: Center services are available on-site at four rural New Mexico high schools. In addition, the program provides technical assistance to other schools and community groups.

Content/topics: Services provided by the Center include:

- Mental health counseling
- Alcohol abuse evaluation, counseling, and education
- Suicide prevention
- Health education and promotion
- Physical examinations
- Pregnancy testing
- Family planning
- Programs to reduce school absenteeism and truancy

Evaluation: At four sites, data gathered through surveys and interviews of students and adults are being used for planning and evaluation.

Findings: Center staffers have received positive feedback on their services in terms of teacher satisfaction and increased awareness of and knowledge about suicide. Both students and teachers reported increased opportunities to discuss suicide openly. The suicide rate has declined since the program began.

Data available: Study survey data and interviews with community gatekeepers.

Related components:

- General suicide education
- Means restriction
- Peer support
- School gatekeeper training

Address: Center for Indian Youth Program Development
Sally Davis, Director
Division of School Health
and Center for Indian Youth Program Development
University of New Mexico School of Medicine
Albuquerque, NM 87131

Jail Suicide Prevention Program
National Center on Institutions and Alternatives (NCIA)

Location: Mansfield, Massachusetts
Contact: Lindsay M. Hayes, M.S., (508) 337-8806

Targets: Staff in jails, detention centers, and police lockups.
Years in operation: 14
Source of funding: National Institute of Corrections, U. S. Dept. of Justice, state and county contracts.
Amount of funding (per year): Not reported.

Program description: The National Center on Institutions and Alternatives determined that, by conducting an intake screening, properly trained correctional personnel can effectively assess inmates' suicidal potential, both at the booking stage and during subsequent phases of the inmates' incarceration. In addition to assessing inmates' suicidal potential, staff members using intake screening can detect any medical or mental health problem, determine alcohol or drug intoxication, and address classification needs. This is a high-risk population. On the basis of the results of the national study of jail suicides, researchers estimated that the suicide rate of inmates in detention facilities is about nine times greater than that of the general population (Hayes and Rowan, 1988). Suicide is the leading cause of death in jails.

Exposure: Training consists of an 8-hour suicide prevention program for jail and lockup officers that will enable them to identify, manage, and serve high-risk mentally ill and suicidal inmates. Advanced training is provided to jail administrators in the division and to corrections staff.

Coverage: Technical assistance is offered on a national basis.

Content/topics:

- Why jail environments are conducive to suicidal behavior
- Potential suicide predisposing factors
- High-risk suicide periods
- Warning signs and symptoms of suicidal behavior
- Suicide prevention screening
- Disposition and referral procedures
- Written rules and procedures
- Jail suicide updates
- Architectural design
- Supervision levels

Evaluation: Available from the National Institute of Corrections.

Findings: The investigators found a direct relationship between staff training, written rules and procedures, and the reduction of jail suicides.

Data available: Data from two national studies of jail suicide are available upon request.

Special population outreach: Although jail suicide cuts across all demographic areas, a disproportionate number of the jailed population are poor or from minority groups.

Related components:

- Intervention after a suicide
- Screening

Address: Jail Suicide Prevention Program
Lindsay M. Hayes, Assistant Director
National Center on Institutions and Alternatives
40 Lantern Lane
Mansfield, MA 02048

Reports:

- Jail Suicide Update newsletters
- National Study of Jail Suicide: Seven Years Later
- And Darkness Closes in ... National Study of Jail Suicide
- Training Curriculum on Suicide Detection and Prevention in Jails and Lockups